

Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, June 20, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Thomas called the meeting to order.

Present: Chair Sidney A. Thomas, MSW and Directors Mike Koetting and David Ernesto Munar (3)  
Directors Ada Mary Gugenheim and Mary B. Richardson-Lowry

Telephonically

Present: Board Chair M. Hill Hammock

Absent: None (0)

Additional attendees and/or presenters were:

Debra Carey – Deputy Chief Executive Officer of  
Operations  
James Kiamos – Chief Executive Officer, CountyCare  
Jeff McCutchan – General Counsel

Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer  
(telephonically)

The next meeting of the Committee will be held on Thursday, September 19, 2019 at 10:30 A.M.

**II. Public Speakers**

Chair Thomas asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

**III. Report on CountyCare Health Plan (Attachment #1)**

James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Report on the CountyCare Health Plan. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Metrics:
  - Current Membership
  - Managed Medicaid Market
  - Claims Payment
  - Overall Care Management Performance
  - Overall Member Age Distribution
  - Affordable Care Act (ACA) Member Age Distribution
  - Acuity Profile of CountyCare Membership

**III. Report on CountyCare Health Plan (continued)**

- Domestic Spend
  - Background on Domestic Spend Strategy
  - Focus of Centers of Excellence So Far
  - Prioritizing and Aligning the Opportunities
- Redetermination
  - April 2019 Redetermination Outcomes
  - Standard State Redetermination Activities
  - CountyCare's Redetermination Efforts
- Auto-Assignment
  - 2019 Auto-Assignment Changes
- Market Update
  - Blue Cross Blue Shield Illinois Blue Door Neighborhood Center

**IV. Action Items**

**A. Minutes of the Managed Care Committee Meeting, March 15, 2019**

Director Koetting, seconded by Chair Thomas, moved to accept the minutes of the Managed Care Committee Meeting of March 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

**B. Any items listed under Section IV**

**V. Adjourn**

As the agenda was exhausted, Chair Thomas declared the meeting ADJOURNED.

Respectfully submitted,  
Managed Care Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Sidney A. Thomas, MSW, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Requests/Follow-up:

There were no requests for follow-up made at the meeting.

Cook County Health and Hospitals System  
Managed Care Committee Meeting  
June 20, 2019

ATTACHMENT #1

# CountyCare Update

*Prepared for: CCH Managed Care Committee*

James Kiamos

CEO, CountyCare

June 20, 2019



# Board Metrics



# Current Membership

Monthly membership as of June 5, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	211,433	18,217	8.6%
ACA	71,129	13,188	18.5%
ICP	29,488	6,050	20.5%
MLTSS	5,836	0	N/A
<b>Total</b>	<b>317,886</b>	<b>37,455</b>	<b>11.8%</b>

**ACA:** Affordable Care Act  
**FHP:** Family Health Plan

**ICP:** Integrated Care Program  
**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services April 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	316,715	31.6%
Blue Cross Blue Shield	233,071	23.3%
Meridian (a WellCare Co.)	232,646	23.2%
IlliniCare (a Centene Co.)	108,519	10.8%
Molina	66,113	6.6%
*Next Level	44,918	4.5%
<b>Total</b>	<b>1,001,982</b>	<b>100.0%</b>

\* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)

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# 2019 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Feb	Mar	Apr
<b>Claims Payment Turnaround Time &amp; Volumes</b>				
% of Clean Claims Adjudicated < 30 days	90%	96.3%	98.2%	97.3%
% of Claims Paid < 30 days	90%	62.6%	48.3%	84.6%
Total Claims Adjudicated	N/A	440,147	365,333	454,873

# 2019 Operations Metrics:

## Overall Care Management Performance

		Performance		
Key Metrics	Market %	Feb	Mar	Apr
<b>Completed HRS/HRA (all populations)</b>				
Overall Performance	40%	58.1%	61.1%	62.3%
<b>Completed Care Plans on High Risk Members</b>				
Overall Performance	65%	63.9%	60.6%	60.3%

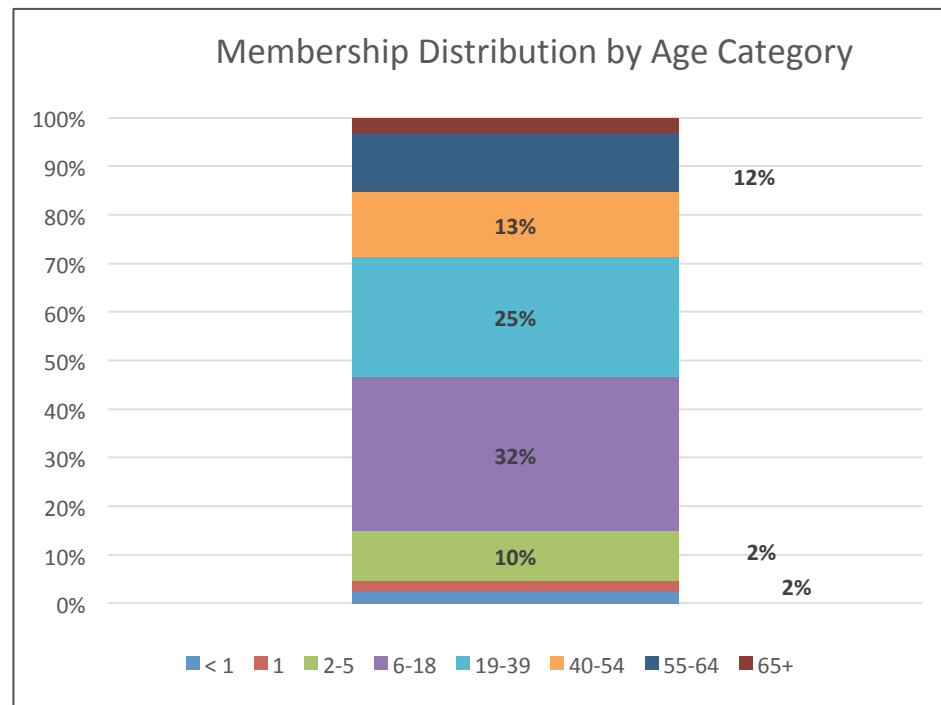
CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program



# Overall Member Age Distribution

Average Age = 27.0 years

Age Category	Membership
< 1	
1	7,840
2-5	7,989
6-18	33,764
19-39	105,266
40-54	82,541
55-64	44,349
65+	39,767
	10,839



# ACA Member Age Distribution

Age Category	Membership
19-39	34,228
40-54	22,047
55-64	23,050
65+	874

Average Age = 42.7 years

# Acuity Profile of CountyCare Membership

PROVIDER GROUP	CDPS RISK SCORE
Access FQHC	0.98
Apogee IPA	1.01
Cook County Health	1.34
Cook County PCP Group	1.02
Century PHO	0.87
Medical Home Network	1.08
* Oak Street Health	2.55
Other Non FQHCs	1.03
Other FQHCs	1.06
AMITA Health	0.93
<b>OVERALL</b>	<b>1.08</b>

\* ICP only

Chronic Illness and Disability Payment System (CDPS), developed by the University of California, San Diego. CDPS is used as a tool for Medicaid programs to help develop health based capitated payment rates. It uses diagnosis codes and NDC codes derived from medical and pharmacy claims data to develop chronic disease classifications and risk factors.



# Domestic Spend



# Background on Domestic Spend Strategy

- Majority of hospital spend for CountyCare members is non-domestic
- CountyCare and CCH set target of \$86M and initiatives were created (Centers of Excellence) to increase domestic spend
- CountyCare and CCH identified surgical procedure categories to further evaluate and quantify clinical and financial opportunity
- Centers of Excellence (CoEs) can be created within CCH for procedure categories with opportunity

# Focus of CoE so far

## Non-Domestic cases identified as potentially redirectable to CCH

Procedure Category	Annualized Potential Redirectable Cases		
	Admits	Procedures	Paid
Expanded ENT	129	5,259	\$10,401,141
Cardiac Surgery	121	400	\$8,077,830
Neck & Back Surgery	164	296	\$5,086,323
Elective Gynecology	215	4,487	\$4,958,598
Bariatric	248	586	\$4,698,560
Total Joints	288	288	\$4,670,704
Craniotomy	90	253	\$4,172,278
Hepatobiliary	40	112	\$4,130,559
Ophthalmology	15	2,653	\$3,823,260
Colon & Small Intestine Surgery	92	206	\$3,565,478
Thoracic	60	150	\$3,343,159
AAA	16	16	\$1,615,465
Lower Extremity Revascularization	40	237	\$1,411,531
Urology	78	326	\$1,181,334
Breast Surgery	20	244	\$1,094,718
Gynecologic Oncology Surgery	13	24	\$309,263
Pancreatic Surgery	8	13	\$160,246
Carotid Artery Vascular Procedures	4	8	\$66,751
Podiatry			
Non-Trauma Related Orthopedics			
<b>Grand Total</b>	<b>1,641</b>	<b>15,559</b>	<b>\$62,767,199</b>

### Observations

- 18 procedure categories have been analyzed thus far
- Top 5 categories are > 50% of spend
- Many categories can expand on existing programs at Stroger
- Majority of categories show at least \$1M in opportunity
- Also exploring newly covered HFS benefits

Paid dollars do not reflect hyper rate



# Prioritizing and Aligning the Opportunities



- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• Impact on 2019 performance</li><li>• CCH can create capacity</li><li>• Single-source is feasible</li></ul> | <ul style="list-style-type: none"><li>• Impact on 2020 performance</li><li>• CCH can budget for and/or create capacity</li><li>• Can recruit necessary physicians</li></ul> | <ul style="list-style-type: none"><li>• Impact on 2021+ performance</li><li>• CCH build capabilities (service line or new program)</li><li>• Explore partnerships</li></ul> |
|--|---|---|

# Redetermination



# April 2019 Redetermination Outcomes

CountyCare Provider	Members Retained	Members Termed	Grand Total	Target 80%	Current Month Success	Prior Month Success
Access FQHC	1,422	449	1,871	80%	76.0%	76.4%
Medical Home Network	5,168	1,679	6,847	80%	75.5%	76.7%
Century PHO	141	40	181	80%	77.9%	73.6%
Apogee IPA	512	190	702	80%	72.9%	70.0%
AMITA Health	814	250	1,064	80%	76.5%	75.9%
Cook County Health	1,479	719	2,198	80%	67.3%	70.6%
Oak Street Health	31	14	45	80%	68.9%	58.8%

# Standard State Redetermination Activities

- Mail client a redetermination packet to address on file
  - Client has 30 days to respond or loses coverage
- Centralized phone line for clients to call and check status
  - Clients report long hold times
  - Clients unable to complete the redetermination over the phone
- IDHS mails client notice of the determination
  - No standard turnaround time

# CountyCare's Redetermination Efforts (I/II)

CountyCare Collaboration Efforts	Techniques
<b>Stroger Family Community Resource Center (State of IL named facility but located in Maywood, IL)</b>	<ul style="list-style-type: none"><li>• Provide on-demand electronic rede forms, case status and clarification</li><li>• Update member demographics</li></ul>
<b>CCH Medicaid Application Assistance Call Center</b>	<ul style="list-style-type: none"><li>• 312-864-REDE – obtain rede status, forms, real-time completion of rede on ABE “Manage My Case,” submit demographic changes</li><li>• Email option for providers and care coordination</li></ul>
<b>Monthly Redetermination Events</b>	<ul style="list-style-type: none"><li>• 2 per month, held throughout Cook County</li></ul>
<b>Electronic Communications</b>	<ul style="list-style-type: none"><li>• Text and email messaging to members<ul style="list-style-type: none"><li>○ Rede Reminders</li><li>○ Invites to Rede Events</li></ul></li></ul>
<b>CountyCare PBM</b>	<ul style="list-style-type: none"><li>• POS Messaging to members</li></ul>

# CountyCare's Redetermination Efforts (II/II)

CountyCare Collaboration Efforts	Techniques
Care Coordination Entities	<ul style="list-style-type: none"><li>• Account flag</li><li>• Ability to pull monthly lists</li><li>• Provided training and outreach guidance</li></ul>
Evolent Health – TPA for CountyCare	<ul style="list-style-type: none"><li>• Welcome calls</li><li>• Account flag</li><li>• Provider rep engagement</li></ul>
CountyCare Providers	<ul style="list-style-type: none"><li>• REDE date listed on eligibility file</li><li>• Provided training and outreach guidance</li></ul>
Provider Metrics	<ul style="list-style-type: none"><li>• Monthly comparison scorecard</li></ul>

# Auto-assignment



# Auto-assignment

- For members that do not choose an MCO
- MCO Auto-assignment based on RFP bid pricing band
- Codified in each MCOs contract with IL HFS
- Has been changed twice in 2019, outside of plan performance metrics, disadvantaging CountyCare
- “in interest of promoting program effectiveness” contract language cited in letter from IL HFS



# 2019 Auto-assignment Changes

	1/1/2018	* 4/1/2018	** 4/1/2019	** 7/1/2019
<b>CountyCare</b>	27.5%	38.0%	35.0%	35.0%
<b>Next Level</b>	9.0%	12.0%	22.5%	35.0%
<b>***Harmony</b>	27.5%	0.0%	0.0%	n/a
<b>IlliniCare (Centene)</b>	18.0%	26.0%	22.5%	8.0%
<b>Meridian</b>	9.0%	12.0%	10.0%	6.0%
<b>Molina</b>	9.0%	12.0%	10.0%	8.0%
<b>**** Blue Cross</b>	0.0%	0.0%	0.0%	8.0%

\* 2018 Contract auto-assignment starts

\*\* Changes not related to plan performance

\*\*\* Under sanction then folded into Meridian

\*\*\*\* Sanction removed 7/1/2019



# Market Update



# BCBSIL Blue Door Neighborhood Center

(no CCH affiliation)

- Free wellness classes with a focus on nutrition and health conditions, such as diabetes, asthma, heart disease and behavioral health
- Information to help residents better use their health insurance benefits
- Connection with community resources that provide access to food or transportation services
- Help with care coordination
- No direct delivery of care in Illinois

